

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/089142	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1												
TOTAL DEP.	10	↓		↓		↓		↓					
TOTAL CLAIMS	11	10	10	10	10	10	10	10	10	10	10	10	10